Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

P.O. Box 1980, Hoods, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

1993

P.O. Box 2088

Scatte For New Monico 97504 2099

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM			•		I E AND A	4-2000 NUTHORIZ	ZATION				
I.	HEQUE TO	D TRAN	ISPO	RT OIL	AND NAT	URAL GA	NS				
Derator Derator							Well A				
YATES PETROLEUM CORPORATION						30-015-27189					
Address 105 South 4th St.,	Artesia,	, NM	88210	0	[] Oth	- (D)	-i)		·		
I I CORDON (B) LOT I TIME (CINCON DI ADA)						Other (Please explain) Wall producing through LACT located at					
New Well	Oil	Change in Transporter of: Well producing through LACT located at Oil Dry Gas Ross EG Fed. #3, Unit B, Sec. 20-19S-25E									
Recompletion	Casinghead (Condens	_	KOSS EG	red. "5	, OHIC I	, , , , , , , , , , , , , , , , , , , ,			
If change of operator give name and address of previous operator									· · · · · ·		
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including				ng Formation		Kind o	[Lease			
Lease Name Patriot AIZ Com	•	2	Nor	th Dag	ger Drav	w U/Penn	State,)	ederal/or Fee			
Location											
Unit Letter O	:760	: 760 Feet From The Sc				outh Line and 1980 Feet			From The East Line		
Section 20 Township	195		Range	25E	, N	MPM,	Eddy			County	
THE DESIGNATION OF TO AN	գունՕժՏ	OF OI	L ANI	NATI	RAL GAS						
Name of Authorized Transporter of Oil Amoco Pipeline Co.					Address (Give dadress to which approved copy of this form 2 to 00 com)						
Amoco Pineline Intercorporate Trucking					502 N. West Avenue, Levelland, TX 79336 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	e of Authorized Transporter of Casinghead Gas XX or Dry Gas					ve address to w with 4th	stArt	copy of this for cesia. NM	1 88210	"	
Yates Petroleum Corpor						105 South 4th St., Arr					
If well produces oil or liquids, give location of tanks.	0	20	198	25e	Yes		11	-20-93			
If this production is commingled with that i	rom any other	r lease or p	ool, giv	e comming	ling order num	ber:					
IV. COMPLETION DATA		Oil Well		las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X	į ·		X	<u>i</u>	<u> </u>	<u> l</u>			
Date Spudded	Date Compl		Prod.		Total Depth	01		P.B.T.D. 81.50'		ļ	
12-23-93	1-20-93 Name of Producing Formation					8250 ' Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) 3523' GR	Canyon				7645'			7581'			
Perforations						-		1 -	Depth Casing Shoe		
7645-7649						214 2200		8250 '			
	Τ	UBING,	CASII	NG AND	CEMENT	NG RECO	<u> </u>	S	ACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			Redi-Mix				
26" 14-3/4"		20" 9-5/8"			1108'			1000 sx -circulated			
8-3/4"	7"			8250'			1500	sx - c	irculated		
									OV tool	@ 5605'	
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLOWA	BLE	. 9 4	s be equal to c	exceed ton a	llowable for th	is depth or be f	or full 24 hou	rs.)	
OIL WELL (Test must be after t	Date of Tes		of loaa	ои апа ти	Producing N	Method (Flow,	pump, gas lift,	elc.)	Pas	FID-2	
Date First New Oil Run To Tank 1-20-93	1-20-9				Flowi	ng		Choke Size	2-	5-93	
Length of Test	Tubing Pressure			Casing Pressure			1/2"				
24 hrs	500			Pkr Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				280			1274			
565	285				1 200						
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbis. Cond	ensate/MMCF		Gravity of C	Condensate		
ACTUAL PROG. 1681 - MICE/D	Tubing Pressure (Shut-in)								Challe Sino		
Testing Method (pitot, back pr.)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					-						
is true and complete to the best of my knowledge and belief.					Da	Date ApprovedJAN 2 9 1993					
Cuante Doodlett					D.	By ORIGINAL SIGNED BY					
Senature Juanita Goodlett					By	MIKE WILLIAMS					
Printed Name	Title (505) 748–1471				Tit	Title SUPERVISOR, DISTRICT IT					
1-31-93	(5		48-14 lephone		-						
Date		16	chryne	1701						النصائحين بين	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.